## § 58.12

## \$58.12~ VA Forms 10–10EZ and 10–10EZR—Application for Health Benefits and Renewal Form.

Department of Ve	eterans Affairs	APPLICATION FOR HEALTH BENEFITS							
	SECTI	ON 1 - GENERAL INFOR	MATION		7 7 1				
Federal law provides criminal or making a materially false st			nment for up to	o 5 years, for	concealing	a material fact			
1. VETERAN'S NAME (Last, Pirst, Middle Name	2. OTHER NAMES USED	3. MOTHE	R'S MAIDEN NAME	4. GE	4. GENDER				
						MALE FEMALE			
5 ARE YOU SPANISH, HISPANIC, OR LATINO?	6. WHAT IS YOUR RACE?	(You may check more than one.)	(Information is requir	ed for statistical pu	rposes only.)				
□ YES □ NO.	☐ AMERICAN INDIA	AN OR ALASKA NATIVE	☐ BLACK OR	AFRICAN AMERIC	AN.				
<b></b>	☐ ASIAN	☐ WHITE	☐ NATIVE HA	WAIIAN OR OTHER	ER PACIFIC ISLANDER				
7. SOCIAL SECURITY NUMBER	9. DATE OF BIRTH (mm/di	dhyyy)			10. RELIGIO	N			
B. CLAIM NUMBER	9A. PLACE OF BIRTH (Ct)	y and State)			:				
		*.							
11. PERMANENT ADDRESS (Street)		11A CITY		11B. STATE	11C. ZIP CO	DE (9 digits)			
						Contribution and Supplied Supplied			
11D, COUNTY	11E. HOME TEL	EPHONE NUMBER (Bichide area	code) 11F.	E-MAIL ADDRESS					
11G. CELLULAR TELEPHONE NUMBER (Includ	e over code)	Tank DACEDANU	MBER (Include area o						
		I In. PAGEN NU	мвен (тапав агва о	ode)					
		AIR. PAGER NO	MBER (include area o	ode)					
12. TYPE OF BENEFIT(S) APPLIED FOR (You m.				-					
			NURSING HOME	DOMICILI	ARY D	ENTAL			
	ay check more than one)	HEALTH SERVICES.	NURSING HOME	☐ DOMICIU	ARY D	ENTAL			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mi	ay check more than one)	HEALTH SERVICES.	NURSING HOME	☐ DOMICIU	ARY D	ENTAL			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mu	ay check more than one) NROLLMENT, WHICH YA MEDIC	HEALTH SERVICES:	NURSING HOME	☐ DOMICIUM					
12. TYPE OF BENEFIT(S) APPLIED FOR (You mu. 13. IF APPLYING FOR HEALTH SERVICES ORE 14. DO YOU WANT AN APPOINTMENT WITH A VAVALABLE?	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS	HEALTH SERVICES.	NURSING HOME LINIC DO YOU PREFE	DOMICILIAR?		SILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mu. 13. IF APPLYING FOR HEALTH SERVICES ORE 14. DO YOU WANT AN APPOINTMENT WITH A VAVALABLE?	ay check more than one) NROLLMENT, WHICH YA MEDIC	HEALTH SERVICES.	NURSING HOME	DOMICILIAR?					
12. TYPE OF BENEFIT(S) APPLIED FOR (You mu. 13. IF APPLYING FOR HEALTH SERVICES ORE 14. DO YOU WANT AN APPOINTMENT WITH A VAVALABLE?	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME LINIC DO YOU PREFE  15. HAVE YOU BEE  YES, LOCA	DOMICULAR?  N SEEN AT A VA H	EALTH CARE FAC	SILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You me.  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1  14. YES NO I am only	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME  LINIC DO YOU PREFE  15. HAVE YOU BEE  YES, LOCA	DOMICIUM  R?  N SEEN AT A VA H		SILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You m. 13. IF APPLYING FOR HEALTH SERVICES OR E 4. DO YOU WANT AN APPOINTMENT WITH A VIVALUALE?  ———————————————————————————————————	nrollment, which va medic  VA DOCTOR OR PROVIDER AS:  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME  LINIG DO YOU PREFE  15 HAVE YOU BEE  YES, LOCA  EPARATED.   V	DOMICIUM R? N SEENAT AVA H	EALTH CARE FAC	SILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You m. 13. IF APPLYING FOR HEALTH SERVICES OR E 4. DO YOU WANT AN APPOINTMENT WITH A VIVALUALE?  ———————————————————————————————————	nrollment, which va medic  VA DOCTOR OR PROVIDER AS:  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME  LINIG DO YOU PREFE  15 HAVE YOU BEE  YES, LOCA  EPARATED.   V	DOMICIUM R? N SEENAT AVA H	EALTH CARE FAC	DILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You m. 13. IF APPLYING FOR HEALTH SERVICES OR E 4. DO YOU WANT AN APPOINTMENT WITH A VIVALUALE?  ———————————————————————————————————	nrollment, which va medic  VA DOCTOR OR PROVIDER AS:  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME.  LINIC DO YOU PREFE  15 HAVE YOU BEE  YES, LOCA  17A NEXT OF	DOMICILI R?  N SEENAT AVAH  NON:  NIDOWED LINKS HOME TELEI	DIVORCED SHOWS NUMBER	DILITY?  NO  UNIKNOWN  (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR (You m.  13. IF APPLYING FOR HEALTH SERVICES OR E  14. DO YOU WANT AN APPOINTMENT WITH A VAVALUAGLE?  15. URRENT MARITAL STATUS (Check one)	nrollment, which va medic  VA DOCTOR OR PROVIDER AS:  enrolling in case I need care	HEALTH SERVICES.	NURSING HOME.  LINIC DO YOU PREFE  15 HAVE YOU BEE  YES, LOCA  17A NEXT OF	DOMICILI R?  N SEENAT AVAH  NON:  NIDOWED LINKS HOME TELEI	DIVORCED SHOWS NUMBER	DILITY?			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mile)  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1  14. YES NO I am only  16. CURRENT MARITAL STATUS (Check one)  17. NAME, ADDRESS AND RELATIONSHIP OF N	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care  MARRIED  MARRIED	HEALTH SERVICES.	NURSING HOME  15. HAVE YOU BEE  15. HAVE YOU BEE  17. NEXT OF	DOMICILI R?  N SEEN AT A VA H  TION:  MIDOWED  KINS HOME TELEI  KINS WORK TELEI	DIVORCED  DIVORCED ONLY NUMBER	DILITY?  NO  UNIKNOWN  (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR (You m.  13. IF APPLYING FOR HEALTH SERVICES OR E  14. DO YOU WANT AN APPOINTMENT WITH A VAVALUAGLE?  15. URRENT MARITAL STATUS (Check one)	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care  MARRIED  MARRIED	HEALTH SERVICES.	NURSING HOME  LINIC DO YOU PREFE  15. HAVE YOU BEE  VES, LOCA  17A. NEXT OF  17B. NEXT OF	DOMICILI R?  N SEENAT AVAH  NON:  NIDOWED LINKS HOME TELEI	DIVORCED  DIVORCED ONLY NUMBER	DILITY?  NO  UNIKNOWN  (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mile)  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1  14. YES NO I am only  16. CURRENT MARITAL STATUS (Check one)  17. NAME, ADDRESS AND RELATIONSHIP OF N	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care  MARRIED  MARRIED	HEALTH SERVICES.	NURSING HOME  LINIC DO YOU PREFE  15. HAVE YOU BEE  VES, LOCA  17A. NEXT OF  17B. NEXT OF	DOMICILI R?  N SEEN AT AVA H  NOWED  WIDOWED  KINS HOME TELEI  KINS WORK TELEI	DIVORCED  DIVORCED ONLY NUMBER	DILITY?  NO  UNIKNOWN  (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mile)  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1  14. YES NO I am only  16. CURRENT MARITAL STATUS (Check one)  17. NAME, ADDRESS AND RELATIONSHIP OF N	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care  MARRIED  MARRIED	HEALTH SERVICES.	NURSING HOME  15. HAVE YOU BEE  15. HAVE YOU BEE  17A. NEXT OF  17B. NEXT OF  18A. EMERGE  16B. EMERGE	DOMICILI  R?  N SEENAT AVA H  TION:  MIDOWED  KINS HOME TELEI  KINS WORK TELEI  NOY CONTACTS H  NOY CONTACTS H  NOY CONTACTS H	DIVORCED  DIVORCED  PHONE NUMBER  PHONE NUMBER	DILITY?    NO     UNKNOWN     (Inchide area code)     NUMBER			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mile)  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1 1/VAILABLE?  15. YES NO I am only  16. CURRENT MARITAL STATUS (Check one)  17. NAME, ADDRESS AND RELATIONSHIP OF N	ay check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS  enrolling in case I need care  MARRIED  MARRIED	HEALTH SERVICES.	NURSING HOME  IS HAVE YOU BEE  YES, LOCATION  17A NEXT OF  18A EMERGES  (Include of the control	DOMICILI  R?  N SEENAT AVA H  TION:  MIDOWED  KINS HOME TELEI  KINS WORK TELEI  NOY CONTACTS H  NOY CONTACTS H  NOY CONTACTS H	DIVORCED  DIVORCED  PHONE NUMBER  PHONE NUMBER	DILITY?    NO     UNKNOWN     (Inchide area code)     NUMBER			
12. TYPE OF BENEFIT(S) APPLIED FOR (You mile)  13. IF APPLYING FOR HEALTH SERVICES ORE  14. DO YOU WANT AN APPOINTMENT WITH A 1  14. YES NO I am only  16. CURRENT MARITAL STATUS (Check one)  17. NAME, ADDRESS AND RELATIONSHIP OF N	ny check more than one)  NROLLMENT, WHICH VA MEDIC  VA DOCTOR OR PROVIDER AS:  enrolling in case I need care  MARRIED  MARRIED  EXT OF KIN  MERGENCY CONTACT	HEALTH SERVICES.  CAL CENTER OR OUTPATIENT OF SOON AS ONE BECOMES.  In the future.  NEVER MARRIED.	NURSING HOME  15 HAVE YOU BEE  YES, LOCA*  17A NEXT OF  18A EMERGE (Dischade area)	DOMICILI R?  N SEEN AT AVA H  RION:  WIDOWED  LINNS HOME TELEI  KINS WORK TELEI  NOY CONTACT'S H  NOY CONTACT'S V  Oddy	DIVORCED  THOSE NUMBER  THOSE NUMBER  THOSE TELEPHONI  THOSE TELEPHONI  THOSE TELEPHONI  THOSE TELEPHONI	UNIKNOWN UNIKNOWN (Inchide area code) (Inchide area code)  E NUMBER  HE NUMBER			

APPLICATION FOR HEALTH BENEFITS, Continu								CURITY NUMBER	
					separate sheet for ad	Mittonal information			
t. ARE YOU COVERED BY HEALTH INSI through a spouse or another person)		g coverage				DRESS AND TELEPHONE N	MBER		
3. NAME OF POLICY HOLDER	***************************************	***************************************							
4. POLICY NUMBER	5 GROUP CODE		YES	NO					
S. ARE YOU ELIGIBLE FOR MEDICAID?									
7. ARE YOU ENROLLED IN MEDICARE HO	SPITAL INSURANC	E PART A?			7A EFFECTIVE DATE (NO	n/dd/yyyy)			
8, ARE YOU ENROLLED IN MEDICARE HO	SPITAL INSURANC	E PART B?	П	П	SA EFFECTIVE DATE (M	m/dd/yyyy)	***************************************		
9. NAME EXACTLY AS IT APPEARS ON Y	OUR MEDICARE CA	RD			10. MEDICARE CLAIM NUI	MBER			
11. IS NEED FOR CARE DUE TO ON THE	JOB INJURY? (Che	okone) 🔲 yı	s 🗆	NO.	12. IS NEED FOR CARE D	UE TO ACCIDENT? (Check 6	hre) 🔲 YES		NO.
		SECTION	III - EMF	LOYM	ENT INFORMATION				
If employed or retired,	ME RETIRE	D Date (	of retirem (ddyyyy)	ent	1A. COMPANY NAME, ADE	DRESS AND TELEPHONE NU	MBER		
If employed or reared,	ME NOTEN	PLOYED  Date	of retirem (ddyyyy)	ent	2A. COMPANY NAME, ADI	ORESS AND TELEPHONE NU	MBER		
					RVICE INFORMATION				
1 LAST BRANCH OF SERVICE		1A. LAST ENTRY	DATE	18 L	AST DISCHARGE DATE	1C. DISCHARGE TYPE	1D. MILITARY SE	RVICE N	UMBER
2. CHECK YES OR NO		L	YES	NO		<u> </u>	1	YES	NO
A. ARE YOU A PURPLE HEART AWARD R	ECIPIENT?				E1. ARE YOU RECEIVING VAICOMPENSATION?	DISABILITY RETIREMENT (	PAY INSTEAD OF		
B. ARE YOU A FORMER PRISONER OF W	AR?				F. DO YOU NEED CARE O SERVICE IN SW ASIA DUR				
C. DO YOU HAVE A VA SERVICE-CONNEC	CTED RATING?				G. WERE YOU EXPOSED VIETNAM?	TO AGENT ORANGE WHILE	SERVING IN		
C1 IF YES, WHAT IS YOUR RATED PERC	ENTAGE?	%			H. WERE YOU EXPOSED	O RADIATION WHILE IN THE	E MILITARY?		
D. DID YOU SERVE IN COMBAT AFTER 11	/11/19987				L DID YOU RECEIVE NOS WHILE IN THE MILITARY?				
E. WAS YOUR DISCHARGE FROM MILITAL OR AGGRAVATED IN THE LINE OF DUTY		TY INCURRED			J. DO YOU HAVE A SPINAL				
	SECTION V - P	APERWORK	REDUCT	ION AC	CT AND PRIVACY AC	TINFORMATION			
The Paperwork Reduction clearance requirements of you are not required to res the time expended by all it take to read instructions, g Privacy Act Information. 1710, 1712, and 1722 in or verified through a compute by law. VA may make a "Ir notices and in accordance but if any or all of the requ	Section 350 pond to, a condividuals we ather the necessary to the condividuals we to VA is asking the condition of the condit	of the Pap ellection of it ho must cor- essary facts ag you to pro- to determine program. Valisclosure of	nformanplete and file your of the in	c Reduction uthis for the inferior discloring forma	action Act of 1995 unless it displays a rm will average 4: the form.  ormation on this fo lity for medical be see the information tion as outlined in tices. Providing the	We may not convalid OMB numb 5 minutes. This incommunder 38 U.S. (nefits. Information that you put on the Privacy Act syle requested information of the privacy and the privacy and the privacy act syle requested information.)	aduct or spo er. We antic cludes the ti C. Sections In you supply e form as per estems of rec	onsor, cipate me it 1705, y may crmitte cords	and that will be

APPLICATION FOR HEALTH BENEFITS, Conti	nued VETERANS	NAME (Last, First, Middle,	SOCIAL SECURITY NUMBER		
SECTIO	N VI - FINANCIAL DI	SCLOSURE		Control of the Control	
Disclosure allows VA to accurately determine whether certain to ther services and enrollment priority. Veterus are not require applicants who decline to provide their financial information un who were discharged within the past 5 years or were discha- eligible for enrollment without disclosing their financial infor- tenibusement, cost-free medication and/or medical care for se- ment of the provide financial information in Sect provide this information and who do not have a special eligible receipt of VA pension or Medicaid benefits.) If I am enrolle	d to disclose their fin dless they have a spec rged more than 5 ye ormation but like oth rvices unrelated to mi tions VII through X. bility factor (e.g., rec. d, I agree to pay appl	ancial information; he ial eligibility factor, ars ago and applyin er veterans may provilitary experience.  I understand that Vently discharged comicable VA copaymen	owever, VA is not Recent combat ve g for enrollment hide it to establish to A is not enrolling g bat veteran, compo- ts. Sign and date i	currently enrolling new terans (e.g., OEF/OIF) by Jan. 27, 2011 are heir eligibility for travel new applicants who do not ensable service connection, the form in Section XII.	
Yes, I will provide my household financial information for form in Section XII.	or last calendar year	. Complete applicab	le sections VII thro	ough X. Sign and date the	
SECTION VII - DEPENDENT INFOR	MATION (Use a sep	arate sheet for addit	ional dependents		
SPOUSE'S NAME (Last, First, Middle Name)	2. CHILD'S	S NAME (Last, First, Middle	e Name)		
A SPOUSE'S MAIDEN NAME	2A CHILE	S RELATIONSHIP TO YOU	(Check one)		
	□ <sup>s</sup>	on Daughter	☐ Stepson	☐ Stepdaughter	
B. SPOUSE'S SOCIAL SECURITY NUMBER	28. CH1.E	S SOCIAL SECURITY NUM	BER 2C. DATE CH (mm/ddf)	ILD BECAME YOUR DEPENDENT	
C. SPOUSE'S DATE OF BIRTH (mm/dd/yyyy) 1D. DATE OF MARRIAGE (mi	m/dd/yyyy) 20. CHELD	S DATE OF BIRTH (mm/da	(Sanari)		
E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (Street, City, State, ZIP.)	2E. WAS	CHILD PERMANENTLY AN	TOTALLY DISABLED I	BEFORE THE AGE OF 18?	
	2F, IF CH CALENDA	LD IS BETWEEN 18 AND 2 R YEAR? YES	3 YEARS OF AGE, DID	CHILD ATTEND SCHOOL LAST	
I. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR AMOUNT YOU CONTRIBUTED TO THEIR SUPPORT.  SPOUSE \$ CHILD \$	AR ENTER 2G. EXPERENABILI	NSES PAID BY YOUR DEP TATION OR TRAINING (e.g.	ENDENT CHILD FOR C	OLLEGE, VOCATIONAL	
SECTION VIII - PREVIOUS CALENDAR YEAR GROS	SS ANNUAL INCOME	OF VETERAN, SPO	USE AND DEPEN	DENT CHILDREN	
(Use a separ	rate sheet for addition		SPOUSE	CHILD 1	
1. GROSS ANNUAL INCOME FROM EMPLOYMENT (wages, bomuses, tips, etc.)	S	S	3F003E	S	
EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	3	3		3	
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$	\$		\$	
<ol> <li>LIST OTHER INCOME AMOUNTS (eg., Social Security, compensation, pension interest, dividends). EXCLUDING WELFARE.</li> </ol>	" s	S		\$	
SECTION IX - PREVIOU					
1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SP Insurance, hospital and nursing home) VA will calculate a deductible and the net	OUSE (e.g., payments for a medical expenses you may	octors, dentists, medication claim.	is, Medicare, health	S	
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXP	PENSES FOR YOUR DECEA	SED SPOUSE OR DEPEN	DENT CHILD (Also enter	s	
speuse er child's information in Section VII.)  3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCA	TIONAL EDUCATIONAL EX	ENSES (e.g., tiation, book	s, fees, materials) DO	s	
NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.  SECTION X - PREVIOUS CALENDAR YEA	P NET WODTH ///re	a consenta obcat fo	r additional dans		
SECTION A TREATMENT OF THE PARTY PER		VETERAN	SPOUSE		
<ol> <li>CASH, AMOUNT IN BANK ACCOUNTS (e.g., electing and savings accounts, individual retirement accounts, stocks and bonds)</li> </ol>	certificates of deposit,	\$	\$	S	
MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS non-income producing property. Do not count your primary home.)	i. (e.g., second homes and	\$	\$	s	
<ol> <li>VALUE OF OTHER PROPERTY OR ASSETS (e.g., wrt, rure coins, collectables)</li> <li>VOU DWE ON THESE (TEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS howshold effect and family valicites.</li> </ol>	MINUS THE AMOUNT ASSETS. Exclude	s s		s	
SECTION	XI - CONSENT TO C	DPAYMENTS			
If you are a 0% SC veteran and do not receive VA monetary ber pensioner) and your household income (or combined income an enrollment, but only if you agree to pay VA copayments for trea you are agreeing to pay the applicable VA copayments as re	nefits or a NSC veters id net worth) exceeds atment of your NSC of amired by law	m (and you are not a the established threst onditions. <b>If you are</b>	Former POW, Pur hold, this application such a veteran b	ole Heart Recipient or VA on will be considered for a signing this application	
SECTION	XII - ASSIGNMENT C	F BENEFITS			
I understand that pursuant to 38 U.S.C. Section 1729, VA is a nonservice-connected VA medical care or services furnished or am covered (including coverage provided under my spouse's Hotherwise payable to me or my spouse.	nuthorized to recover r provided to me. I he P) that is responsible	or collect from my l reby authorize paym for payment of the c	nealth plan (HP) for ent directly to VA harges for my med	r the reasonable charges of from any HP under which ical care, including benefit	
ALL APPLICANTS MUST SIGN AND DATE THIS FORM, REFE	ER TO INSTRUCTIONS	WHICH DEFINE WHO	CAN SIGN ON BEHA	F OF THE VETERAN.	
SIGNATURE OF APPLICANT				DATE	

	eterans Aff	airs	HEA	LTH BEN	EFIT	S RENE	WAL	FORM
			TION I - GE	NERAL INFOR	MATIO	N		
Federal law provides crimin or making a materially false	nal penalties,	including a fi	ne and/or in	nprisonment f	or up to	5 years, for	r concea	ling a material fact
1. VETERAN'S NAME (Last, First, Midd		ee 10 U.S.C.	1001)			2. OT	HER NAMES	3 USED
								agamentaman paragraman
3. GENDER  MALE FEMALE	4. SOCIA	SECURITY NUMBE	R			5. DA	TE OF BIRT	H (mm/dd/yyyy)
6. PERMANENT ADDRESS (Street)			6A. CITY			6B. STATE	6C. ZIP	
6D. COUNTY		6E, HOME TELEPH	IONE NUMBER (I	nclude area code)	6F	. E-MAIL ADDRES	is .	
6G. CELLULAR TELEPHONE NUMBER (IF	nclude area code)			6H PAGER NUMBER	(Include	area code)		
oc occount team from nomocity	nemus area cousy			OT LE ROLL (NOMBLE	· [171L116GD	агы сошу		
7 CURRENT MARITAL STATUS (Check		C ecosper		MIDOWED ET	DIVO	eco T	I INNOVATO:	<b>A</b> 1
MARRIED NEV  8. NAME, ADDRESS AND RELATIONSHIP	P OF NEXT OF KIN	SEPARAT	IED   V	VIDOWED 88 NEX	DIVOF	No. of the second	UNKNOW	/N (Include area code)
				LUC INCA	I OL MINS	HOWE TELETHOR	VC IVOINDLIS	(Inches a sa cods)
				8B, NEX	T OF KIN'S	WORK TELEPHO	NE NUMBER	(Include area code)
9. NAME, ADDRESS AND RELATIONSHIP	OF EMERGENCY CO	NTACT		9A. EME	RGENCY C	ONTACT'S HOME	TELEPHON	IE NUMBER (Include area cod
				9B. EME	RGENCY C	ONTACT'S WORK	( TELEPH ON	IE NUMBER (Include area co
40 INDIVIDUAL TO DECEME POSSESSI		NAL DOGGCOTAL C						
10. INDIVIDUAL TO RECEIVE POSSESSION Note: This does not constitute a will or t	transfer of title. (Chec.	k one)	FI. UN PREMISES	S UNDER VA CONTRO	LAFTERY	OUR DEPARTURE	STACT	
Note: This does not constitute a will or t SECTIO	transfer of title. (Check ON II - INSURAI	k one) NCE INFORMA	ATION (Use	a separate sh	EMEI eet for a	RGENCY CON	ormatic	NEXT OF KIN
Note: This does not constitute a will or t SECTIO  1 ARE YOU COVERED BY HEALTH INSUE	transfer of title. (Check DN II - INSURAL RANCE, INCLUDING (	k one) NCE INFORM/ COVERAGE 2	ATION (Use		EMEI eet for a	RGENCY CON	ormatic	NEXT OF KIN
Note: This does not constitute a will or to SECTIO  1. ARE YOU COVERED BY HEALTH INSUIT THROUGH A SPOUSE OR ANOTHER P.	transfer of title. (Check ON II - INSURAL BANCE INCLUDING	k one) NCE INFORM/ COVERAGE 2	ATION (Use	a separate sh	EMEI eet for a	RGENCY CON	ormatic	NEXT OF KIN
Note: This does not constitute a will or t SECTIO  1 ARE YOU COVERED BY HEALTH INSUE	transfer of title. (Check DN II - INSURAL RANCE, INCLUDING (	k one) NCE INFORM/ COVERAGE 2	ATION (Use	a separate sh	EMEI eet for a	RGENCY CON	ormatic	NEXT OF KIN
Note: This does not constitute a will or to SECTIO SECTIO SECTIO 1.ARE YOU COVERED BY HEALTHINGUI THROUGH A SPOUSE OR ANOTHER P. 3. NAME OF POLICY HOLDER	transfer of title. (Check DN II - INSURAL RANCE, INCLUDING (	k one) NCE INFORM/ DOVERAGE 2	ATION (Use 2. HEALTH INSUR	a separate sh	eet for a	RGENCY CON additional in SS AND TELEPHO	NTACT I	NEXT OF KIN
Note: This does not constitute a will or to SECTIO  1.ARE YOU COVERED BY HEALTHINGUITHROUGH A SPOUSE OR ANOTHER PI 3. NAME OF POLICY HOLDER  4. POLICY NUMBER	transfer of title. (Chec.)  N II - INSURA!  RANCE, INCLUDING GERSON? YES	k one) NCE INFORMA 20VERAGE 2 NO 2	ATION (Use 2. HEALTH INSUR	a separate sh PANCE COMPANY NAI	EMEI eet for a we, ADDRE	RGENCY CON additional in SS AND TELEPHO	NTACT I	NEXT OF KIN
Note: This does not constitute a will or to SECTIO  1.ARE YOU COVERED BY HEALTHINSUS THROUGH A SPOUSE OR ANOTHER P.	transfer of title. (Chec.)  N II - INSURA!  RANCE, INCLUDING GERSON? YES	k one) NCE INFORMA 20VERAGE 2 NO 2	ATION (Use 2. HEALTH INSUR 6. ARE YOU	a separate sh	EMEI eet for a we, ADDRE	RGENCY CON additional in SS AND TELEPHO	NTACT I	NEXT OF KIN
Note: This does not constitute a will or to SECTIO  1.ARE YOU COVERED BY HEALTHINGUITHROUGH A SPOUSE OR ANOTHER PI 3. NAME OF POLICY HOLDER  4. POLICY NUMBER	transfer of title. (Chec.  N II - INSURAN  RANCE, INCLUDING OF THE STANCE  5. GROUP COD  OSPITAL INSURANCE	RODE INFORMA COVERAGE 2 NO 2 PART A? YE	ATION (Use 2. HEALTH INSUR 6. ARE YOU S NO	a separate sh PANCE COMPANY NAI	EMEI  eet for a  me, ADDRE  CAID?  TE (mm/da	RGENCY CON additional in SS AND TELEPHO YES	NTACT I	NEXT OF KIN
Note: This does not constilled a will of to SECTION SE	transfer of the (Chec) NI - INSURA RANCE INCLUDING THE SERVICE S. GROUP COD OSPITAL INSURANCE OSPITAL INSURANCE	R ORD YE	ATION (Use 2. HEALTH INSUR 6. ARE YOU S NO	a separate shi	EMEI  eet for a  ME, ADDRE  CAID?  TE (mm/da  TE (mm/da	RGENCY CON  Additional in  SS AND TELEPHO  YES  Viyon)	NTACT I	NEXT OF KIN
Note: This does not constitute a will of to SECTION SE	transfer of the (Chec) NI - INSURA RANCE INCLUDING THE SERVICE S. GROUP COD OSPITAL INSURANCE OSPITAL INSURANCE	R One)  NCE INFORM  NOE INFORM  NO   PART A? YE  PART B? YE	6. ARE YOU S NO	a separate shinance company nan ELIGIBLE FOR MEDI 7A EFFECTIVE DA 8A EFFECTIVE DA 10 MEDICARE CLA	EMEI  eet for a  ME, ADDRE  CAID?  CAID?  TE (mm/dc  IM NUMBEI	RGENCY CON  Additional in  SS AND TELEPHO  YES  Viyon)	NTACT I	NEXT OF KIN
Note: This does not constitute a will or to SECTIO  SECTIO  1.ARE YOU COVERED BY HEALTHINGUITHOUGH A SPOUSE OR ANOTHER P.  3. NAME OF POLICY HOLDER  4. POLICY NUMBER  7. ARE YOU ENROLLED IN MEDICARE HO.  9. NAME EXACTLY AS IT APPEARS ON YO.  1. VETERANS EMPLOYMENT	transfer of the (Chec) NI - INSURA RANCE INCLUDING THE SERVICE S. GROUP COD OSPITAL INSURANCE OSPITAL INSURANCE	R One)  NCE INFORM  NOE INFORM  NO   PART A? YE  PART B? YE	6. ARE YOU S NO	a separate sh AANCE COMPANY NAI ELIGIBLE FOR MEDI 7A EFFECTIVE DA 8A EFFECTIVE DA	EMEI eet for a ME, ADDRE  CAID?  TE (mm/dc  IM NUMBEI  MATION	RGENCY CON additional in SS AND TELEPHO YES  VYES  VYE	NTACT   Iformatic	NEXT OF KIN  ON
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Note: This does not consillute a will of to SECTION SE	transfer of title (Chaca M)   I - INSURA RANGE, INCLUDING O ERSONY YES    S. GROUP COD OSPITAL, INSURANCE COSPITAL, INSURANCE OUR MEDICARE CAR  TIME   NOT EMPR	COVED PART A?  SECTION II  SECTION II  LOVED Page of remediately	ATION (Use ATION (Use ATION (Use A REYOU A REPYOU A REPYO	a separate sh. ANCE COMPANY NAI  ELIGIBLE FOR MEDI  7A EFFECTIVE DA  8A EFFECTIVE DA  10. MEDICARE CLA  MENT INFORM	CAID?  CAID?  TE (mm/dc  IM NUMBE  IATION  E, ADDRES	RGENCY COM  Additional in  SS AND TELEPHO  YES  459999)  R  SS AND TELEPHO  SS AND TELEPHO	NTACT   Iformatic	NEXT OF KIN pn)  R
Note: This does not consillute a will of to SECTION SE	transfer of the (Chaco M) 1 - INSURA RANDE, INCLUDING ( ERSON? YES  5. GROUP COD  OSPITAL INSURANCE  OUR MEDICARE CAR  TIME NOT EMPI	COVED Date of months.	ATION (Use E HEALTH INSUR  6. ARE YOU S NO I - EMPLOY  retirement	a separate sh.  ANCE COMPANY NAI  ELIGIBLE FOR MEDI  7A. EFFECTIVE DA  8A. EFFECTIVE DA  10. MEDICARE CLA  MENT INFORM  1A. COMPANY NAM	CAID?  CAID?  TE (mm/dc  IM NUMBE  IATION  E, ADDRES	RGENCY COM  Additional in  SS AND TELEPHO  YES  459999)  R  SS AND TELEPHO  SS AND TELEPHO	NTACT   Iformatic	NEXT OF KIN pn)  R
Note: This does not consilite a will of SECTIO  SECTIO  1. ARE VOU COVERED BY HEALTH-INRALITHROUGH AS SPOUSE OR ANOTHER P  3. NAME OF POLICY HOLDER  4. POLICY HUMBER  7. ARE YOU ENROLLED IN MEDICARE HO  8. ARE YOU ENROLLED IN MEDICARE HO  9. NAME EXACTLY AS IT APPEARS ON YOU  1. VETERAN'S EMPLOYMENT  STATUS (check one)  1. FULL T  2. SPOUSES EMPLOYMENT  STATUS (check one)  1. FULL T  STATUS (check one)	Transfer of the (Chac)  NI - INSURA  RANGE, INCLUDING (  ERRSON? YES  S. GROUP COD  OSPITAL INSURANCE  OSPITAL INSURANCE  OUR MEDICARE CAR  TIME   NOT EMPH  TIME   RETIRED  TIME   NOT EMPH  TIME   RETIRED  COTION IV - PAI	CORE OF CORE O	ATION (USE 2 HEALTH INSUR  6. ARE YOU  S NO  NO  I - EMPLOY  ethrement  appropriate ment  appropriate	a separate sh  ANCE COMPANY NAI  ELIGIBLE FOR MEDI  7A EFFECTIVE DA  8A EFFECTIVE DA  10. MEDICARE CLA  MENT INFORM  1A. COMPANY NAM  2A COMPANY NAM  ACT AND PRIM	CAID?  CAID?  TE (mm/dc  IM NUMBE  ATION E, ADDRES E, ADDRES	RGENCY CON Additional in SS AND TELEPHO  The SS AND TELEPHO  SS AND TELEPHO  TO THE SS AND	NTACT   Information   Informat	NEXT OF KIN  O
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Department of Veteran	s Affairs VETERANS	NAME (Last, 1	First, Middle)			soc	AL SECURITY NUMBER		
		- FINANC	IAL DISCLOSU	RE					
Disclosure allows VA to accurately deligibility for other services and enrol veterans (e.g., OEF/OIF) like other enrollment and financial eligibility for nonservice-connected conditions assembly to the copayments. Sign and date the features of the copayments.	etermine whether certain lment priority. Veterans weterans may answer VI restricted medical care seed.  ancial information in the priority in the priority in the priority in the priority in the priority.	n veterans s are not re ES in Sect , medicati	will be charged equired to disclo- tion V and compl ons, long-term ca VI through IX.	copaymentse their find lete Section are and best of their find are and best of their find are and their fill arm entitle.	ancial informa ns VI-IX to ha neficiary travel rolled, I agree t	tion. Reve their placed for tread to pay ap	cent combat priority for tment of plicable VA		
Yes, I will provide my househol Sign and date the form in Section	d financial informatio XI.	n for last	calendar year.	Complete	applicable Sec	tions VI	through IX.		
	EPENDENT INFORMA					dents)			
1. SPOUSE'S NAME (Last, First, Middle Name)	1	2. CHILD'S NAME (Last	, First, Midd	le Name)					
1A. SPOUSE'S MAIDEN NAME		1	ZA. CHILD'S RELATIONS	SHIP TO YOU (		Stepd	aughter		
1B, SPOUSE'S SOCIAL SECURITY NUMBER		1	2B. CHILD'S SOCIAL SE	CURITY NUMB	ER 2G. DATE CHII (mm/dd/)		YOUR DEPENDENT		
1C. SPOUSE'S DATE OF BIRTH (mm/dd/yyyy)	1D. DATE OF MARRIAGE (mm/d	ld/yyyy) :	2D. CHILD'S DATE OF B	IRTH (mm/dd	(יממיל				
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER	t (Street, City, State, ZIP)	- 1	E. WAS CHILD PERMA		FOTALLY DISABLED	BEFORE TH	IE AGE OF 18?		
		1	2F. IF CHILD IS BETWEE CALENDAR YEAR?	N 18 AND 23 1	EARS OF AGE, DID	CHILD ATTE	ND SCHOOL LAST		
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT THE AMOUNT YOU CONTRIBUTED TO THEIR SUP	T LIVE WITH YOU LAST YEAR, EN	ITER :	2G. EXPENSES PAID BY REHABILITATION O						
SPOUSE \$	CHILD \$		\$	re i rosinino (e	g., tsation, books,	muserus			
SECTION VII - PREVIOUS CALE	DAR YEAR GROSS A	NNUAL II	NCOME OF VET	ERAN, SP	OUSE AND D	EPENDI	ENT CHILDREN		
1. GROSS ANNUAL INCOME FROM EMPLOYMENT (6	g., wages, bomuses, tips, etc.)		VETERAN	S	POUSE		CHILD 1		
EXCLUDING INCOME FROM YOUR FARM, RANCH, 2. NET INCOME FROM YOUR FARM, RANCH, PROPE		\$		\$			\$		
3. LIST OTHER INCOME AMOUNTS (e.g., Social Secse	rity, compensation,	\$		\$		\$			
pension, interest, dividends). EXCLUDING WELFAR		\$	\$ DAR YEAR DEDUCTIBLE EXPENSES			\$			
TOTAL NON-REIMBURSED MEDICAL EXPENSES I medications, Medicare, health insurance, hosp may claim.						\$			
AMOUNT YOU PAID LAST CALENDAR YEAR FOR enter spouse or child's information in Section	FUNERAL AND BURIAL EXPENSE of VI)	S FOR YOUR	OUR DECEASED SPOUSE OR DEPENDENT CHILD (Also			s			
AMOUNT YOU PAID LAST CALENDAR YEAR FOR materials) DO NOT LIST YOUR DEPENDENTS E	YOUR COLLEGE OR VOCATIONA	L EDUCATION	FIONAL EXPENSES (e.g., trátion, books, fees,			\$			
SECTION IX - PREVIOUS	CALENDAR YEAR N	ET WORT			or additional	depende			
CASH, AMOUNT IN BANK ACCOUNTS (e.g., chec. deposit, individual retirement accounts, stoci	king and savings accounts, co	ertificates of	VETER \$	-	SPOUSE \$		S CHILD 1		
deposit, translated retirement accordits, stocks and domas)  2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. (e.g., second homes and non-income producing property.) DO NOT INCLUDE YOUR PRIMARY HOME.			s		\$		s		
VALUE OF OTHER PROPERTY OR ASSETS (e.g., AMOUNT YOU OWE ON THESE ITEMS. INCLUDE: ASSETS. Exclude household effects and fami.		\$		s		s			
NOOLI S. EMERGE ROUSERONS Of SIN S WITE JAME		CONSEN	IT TO COPAYMI	ENTS			L		
If you are a 0% SC veteran and do not receive household income (or combined income and no copays for treatment of your NSC conditions. I	et worth) exceeds the establish	hed threshold	d, this application wil	ll be consider	ed for enrollment,	but only i	you agree to pay VA		
law.			MENT OF BENI						
I understand that pursuant to 38 U.S.C. Section VA medical care or services furnished or provi- under my spouse's HP) that is responsible for p	ded to me. I hereby authorize	payment dir	ectly to VA from any	HP under w	hich I am covered	(including	service-connected coverage provided		
			STRUCTIONS ON WI				RAN.		
ALL APPLICANTS MUST SIGN	AND DATE THIS FORM. RE								

 $[65~{\rm FR}~981,\,{\rm Jan.}~6,\,2000,\,{\rm as}~{\rm amended}~{\rm at}~74~{\rm FR}~19439,\,{\rm Apr.}~29,\,2009]$